

## Avian (H5N1) & Pandemic Influenza Update

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### Summary:

In the past six weeks there were:

- 2 cases (2 deaths) in Indonesia

caused by human influenza due to H5N1 reported by the World Health Organization (WHO).

Researchers have concluded that limited person-to-person transmission was responsible for a case of H5N1 in China last year. In this situation, a son transmitted the disease to his father. In addition, researchers have also concluded that limited person-to-person transmission was responsible for the infection of several family members in Pakistan last year. Most of the reported instances of limited transmission occurred between individuals who are related rather than spread to unrelated individuals (such as healthcare workers). This would suggest that there is a genetic component to susceptibility at this time.

At this time there is no evidence that the virus has mutated and become capable of efficient person-to-person transmission.

### Avian Activity:

The following activity is due to the detection of H5N1 in birds. Typically, a country identifies affected birds, and then culls healthy birds to prevent additional spread.

- Japan reported H5N1 in wild swans in Aomori prefecture.
- H5N1 has been identified in ducks in the Viet Nam province of Tra Vinh.
- India reported H5N1 in backyard birds in West Bengal province.
- China reported H5N1 in poultry in Guandong province (first report of H5N1 in birds in Guandong since March 2008), and an outbreak of H5N1 in poultry in Hong Kong food markets that has led to the culling of thousands of poultry across the city.
- Pakistan reported an outbreak of H5N1 at a commercial poultry farm killing thousands of chickens.
- Bangladesh reported H5N1 in commercial poultry in Dhaka.

Chinese officials are concerned that the poultry vaccine designed to protect chickens from H5N1 lost effectiveness over the past several years due to the virus shifting away from the strain that it was developed for.

Officials in Egypt have formally declared H5N1 endemic in birds.

**Promising Practices:**

The Center for Infectious Disease Research and Policy of the University of Minnesota (CIDRAP) has identified and made available state-produced resources that assist with planning or preparing for an influenza pandemic. We will present some of these promising practices in subsequent editions of this update.

This month's highlight is from Tennessee. The Extended Childcare materials provide a process through which state employees can contract childcare services if they are required to respond to an emergency. This practice may be adapted to health agencies and healthcare systems as an approach to recognizing and assessing childcare availability as a potential barrier to healthcare workers' willingness to work during a pandemic. Materials related to this project are available at:

<http://www.pandemicpractices.org/practices/resource.do?resource-id=165&surge-id=3>.

**Publications of Note:**

The US Dept of Health and Human Services and the Centers for Disease Control and Prevention, along with input from community leaders, have developed a toolkit designed to provide organizations and practices (businesses, medical facilities, faith-based organizations, and neighborhood communities) with key information and tools to help prepare for a pandemic. This toolkit is available at:

<http://www.pandemicflu.gov/takethelead>.

The US Dept of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response and the Centers for Disease Control and Prevention have collaborated to produce a document titled *Home Health Care During an Influenza Pandemic: Issues and Resources*. The document identifies home health care as a critical component in providing care during an influenza pandemic and offers resources to home health care providers and community planners. It is available at:

<http://www.pandemicflu.gov/plan/healthcare/homehealth.html>.

**Human Illness due to Influenza A (H5N1):**

As of June 19, 2008, the WHO has reported cumulative totals of 385 human cases and 243 deaths in 15 countries since 2003. During 2008, 34 cases and 26 deaths have been confirmed in Bangladesh, China, Egypt, Indonesia, and Viet Nam.

**Current World Health Organization (WHO) Phase of Pandemic Alert:**

Pandemic Alert Phase 3 (No or very limited human-to-human transmission of any influenza virus).

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